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Haiti – Cholera

Fact Sheet #8, Fiscal Year (FY) 2011

December 10, 2010

Note: The last fact sheet was dated December 7, 2010.

KEY DEVELOPMENTS

- Areas of Haiti have experienced unrest following the December 7 announcement of preliminary election results. Despite the unrest, USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA) grantees continue to provide cholera treatment and support cholera prevention where security conditions allow.
- The Government of Haiti (GoH) National Direction for Potable Water and Sanitation (DINEPA) reported suspended delivery of water to Port-au-Prince camps due to the unrest. On December 10, the USAID/DART reported that some non-governmental organizations (NGOs) have recommenced water distribution to camps and cholera treatment facilities where security permitted, including USAID/OFDA grantee Concern Worldwide.
- On December 8, USAID/OFDA provided nearly \$400,000 to World Concern Development Organization (WCDO) to support training of 1,000 community trainers to provide cholera treatment and prevention information to beneficiaries in underserved areas of Port-au-Prince. During the sessions, the trainers will distribute oral rehydration salts (ORS) and identify areas in need of additional interventions. To date, USAID has provided nearly \$29.2 million to support cholera prevention and response activities.

NUMBERS AT A GLANCE		SOURCE
Overall Cholera Caseload	97,595	MSPP ¹ – December 6, 2010
Hospitalized Cases	46,749	MSPP – December 6, 2010
Deaths Due to Cholera	2,193	MSPP – December 6, 2010
Overall Case Fatality Rate	2.2 percent	MSPP – December 6, 2010

HUMANITARIAN FUNDING PROVIDED TO DATE FOR CHOLERA

USAID/OFDA Assistance to Haiti for Cholera.....	\$26,842,746
USAID/OTI ² Assistance to Haiti for Cholera.....	\$318,190
USAID/Haiti Assistance to Haiti for Cholera ³	\$2,015,000
Total USAID Humanitarian Assistance to Haiti for Cholera	\$29,175,936

CONTEXT

- On October 22, U.S. Ambassador Kenneth H. Merten issued a disaster declaration due to the cholera outbreak. On October 26, USAID deployed a Disaster Assistance Response Team (DART) to work closely with staff from USAID/Haiti, USAID/OTI, and U.S. Centers for Disease Control and Prevention (CDC) to coordinate emergency response efforts, technical assistance to the MSPP, and support to longer-term health systems. USAID also stood up a Response Management Team in Washington, D.C., to support the USAID/DART in Haiti and coordinate with the USAID Haiti Task Team (HTT) in Washington, D.C.
- USAID/OFDA's response plan focuses on preventing cholera cases, reducing the number of cases requiring hospitalization, and reducing the case fatality rate. The plan outlines four elements: provision of chlorine to increase availability of safe drinking water; expansion of national hygiene education outreach; provision of ORS and medical supplies; and an increase in the number of cholera treatment facilities, particularly in underserved and rural areas.
- USAID/Haiti continues to work with the MSPP and Pan American Health Organization (PAHO) to plan and respond to the cholera outbreak. USAID/Haiti grantees are distributing educational materials, conducting hygiene trainings, and broadcasting prevention messages. In addition, USAID/Haiti grantees have procured and consigned commodities—including ORS, water purification materials, intravenous sets, Ringer's lactate, and bleach—to USAID-supported health sites and other sites treating cholera cases.
- In response to the outbreak, USAID/OTI is conducting direct cholera prevention activities; all ongoing and new USAID/OTI activities responding to the earthquake now also include cholera prevention and education elements. An

¹ GoH Ministry of Public Health and Population (MSPP)

² USAID's Office of Transition Initiatives (USAID/OTI)

³ USAID/Haiti has pre-existing, long-term health programs that have been an integral part of the cholera response; these programs have also continued normal activities. The USAID/Haiti funding levels represent estimated amounts for one month of FY 2010 resources expended on the cholera response. The funding is based on an estimate of the program spending rate and percentage of resources expended on the cholera response.

initiative launched in early December involves a research study in Artibonite, North, and West departments to identify the most effective messages and communication strategies for preventing and treating cholera.

- In addition to ongoing work to strengthen and rebuild Haiti's basic public health infrastructure, CDC is contributing scientific leadership and technical guidance in response to the outbreak in four key areas: treating patients in health facilities; preventing illness and deaths in communities; monitoring the spread of disease; and improving laboratory and diagnostic capacity. CDC currently has a total of 183 staff providing support to the MSPP cholera response, including 25 staff members deployed to Haiti specifically for the cholera response and 40 additional staff in Haiti normally assigned to CDC's Global AIDS Program. Among those involved in the cholera response are medical officers, epidemiologists, laboratory scientists, environmental health specialists, communication specialists, public health advisors, planners, information technology specialists, and support staff.
- The MSPP's approach to the cholera outbreak has focused on community-level primary response to provide rehydration, disinfect affected sites, and promote good health practices; cholera treatment units (CTUs) at health service sites, where patients can receive oral rehydration and basic intravenous therapy; and cholera treatment centers (CTCs) for treatment of severe cases.

Health

- Health Cluster members continue to identify geographic gaps in cholera treatment availability and determine the overall treatment capacity of operational facilities. With USAID/OFDA support, International Organization for Migration (IOM) is leading a cholera treatment facility mapping and verification exercise. IOM plans to complete mapping of the Port-au-Prince and Léogâne sites in coming days, and expand the exercise to all of Haiti's 10 departments in the coming weeks. The exercise will generate maps to enhance GoH and humanitarian agencies' cholera response efforts.
- On December 8, the Health Cluster reported that the Albert Schweitzer Hospital in Artibonite Department was treating a gradually declining caseload, although highland areas surrounding the hospital had a particularly high number of cases. With USAID/OFDA support, International Medical Corps (IMC) will deploy a mobile medical unit to enhance treatment availability and water, sanitation, and hygiene (WASH) training in the highland areas. Albert Schweitzer Hospital was at the center of the outbreak in late October and served as one of the primary cholera treatment hospitals.
- The USAID/DART remains in contact with grantees to monitor the impact of the security situation on the cholera response. As of December 9, insecurity had resulted in the temporary closure of some cholera treatment facilities, while others remained open up to 24 hours a day and housed staff at the facilities to avoid transportation difficulties. IMC treatment centers in and around Les Cayes, South Department, continued operations through December 8 and 9, despite protests and insecurity in the area. USAID/OFDA supports two IMC facilities in Les Cayes. While IMC reported closing some facilities in West Department, IMC staff have continued to operate clinics in the Petit Goâve area and USAID/OFDA grantee Samaritan's Purse (SP) reported ongoing cholera treatment in the Cité Soleil neighborhood of Port-au-Prince.

Water, Sanitation, and Hygiene

- According to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA), communicating accurate prevention and treatment information remains a crucial aspect of the cholera response. USAID/OFDA grantee Concern is conducting mini-surveys in Port-au-Prince, West Department, and La Gonâve and Saut d'Eau, Center Department, to assess camp residents' knowledge of how to respond to cholera symptoms, where to access supplies, and who to call to remove dead bodies.
- As of December 7, the U.N. Children's Fund had trained more than 250 hygiene promoters who work with approximately 3,600 community mobilizers to provide cholera prevention education to an estimated 470,000 beneficiaries in camps, schools, and orphanages.
- While insecurity has hindered WASH activities in some areas following the December 7 announcement, several USAID/OFDA grantees continue to provide services. On December 9, USAID/OFDA grantee Mercy Corps reported that the organization's WASH activities remained ongoing in Hinche and rural areas of Center Department and USAID/OFDA grantee Action Contre la Faim (ACF) continued WASH activities in Artibonite Department. Insecurity temporarily reduced Mercy Corps' WASH activities in Mirebalais, Center Department.

Logistics and Relief Commodities

- Efficient delivery of sanitation and medical supplies remains a critical strategy for preventing and treating cholera in Haiti. On December 8, USAID/DART staff reported that MSPP, PAHO and the Logistics Cluster—the coordinating body for logistics—have improved systems for importation and distribution of cholera prevention and treatment supplies. Improved measures include removing cleared humanitarian cargo from the Port-au-Prince airport, facilitating storage in U.N. World Food Program warehouses countrywide, and planning for decentralized supply storage and distribution.

- Since the announcement of preliminary election results, the Haiti International Airport has reported no or limited commercial and cargo service. USAID/OFDA continues to procure commodities to augment the IOM supply pipeline, including ORS, calcium hypochlorite, and Ringer's lactate solution, an intravenous saline solution that treats dehydration.

USAID HUMANITARIAN ASSISTANCE TO HAITI FOR CHOLERA

FY 2011			
<i>Grantee</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/OFDA ASSISTANCE ¹			
ACF	WASH	Artibonite, Northwest Departments	\$925,000
American Refugee Committee (ARC)	Health, WASH	West Department	\$1,144,166
CDC	Health	Affected Areas	\$275,000
Concern	WASH	Center, West Departments	\$624,942
U.S. Department of Health and Human Services (HHS)	Logistics and Relief Commodities	Affected Areas	\$500,000
IMC	Health, WASH	Artibonite, Center, Northwest, Southeast, West Departments	\$1,500,000
IMC	Health, WASH	Artibonite, Northwest, South, West Departments	\$5,785,583
IOM	Health, Logistics and Relief Commodities	Artibonite, North, Northeast, Northwest, Southeast, West Departments	\$4,600,000
Management Sciences for Health (MSH)	Health	Affected Areas	\$825,617
Mercy Corps	WASH	Center Department	\$432,438
Partners in Health (PIH)	Health, WASH	Artibonite, Center, and West Departments	\$1,500,000
SP	Health, Logistics and Relief Commodities, WASH	West Department	\$2,869,431
Save the Children/U.S. (SC/US)	Health, WASH	West Department	\$825,000
WCDO	Health	West Department	\$399,180
U.N. World Health Organization (WHO)/ PAHO	Health	Affected Areas	\$635,580
	Logistics and Relief Commodities	Affected Areas	\$3,913,741
	Administrative Costs		\$87,068
TOTAL USAID/OFDA			\$26,842,746

USAID/OTI ASSISTANCE			
Implementing Partners	Health, Logistics and Relief Commodities, WASH	Affected Areas	\$318,190
TOTAL USAID/OTI			\$318,190
FY 2010			
<i>Program</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/HAITI ASSISTANCE ²			
Community Health and AIDS Mitigation Project (CHAMP)	Community Health Services	Countrywide	\$198,000
Leadership, Management, and Sustainability Program (LMS)	Logistics and Relief Commodities	Countrywide	\$185,000
PROMARK	Health, Public Outreach	Countrywide	\$232,000
Supply Chain Management System (SCMS)	Logistics and Relief Commodities	Countrywide	\$600,000
Health for the Development and Stability of Haiti (SDSH)	Essential Health Services	Countrywide	\$800,000
TOTAL USAID/HAITI			\$2,015,000
TOTAL USAID HUMANITARIAN ASSISTANCE TO HAITI FOR CHOLERA			\$29,175,936

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of December 10, 2010.

² USAID/Haiti has pre-existing, long-term health programs that have been an integral part of the cholera response; these programs have also continued normal activities. The USAID/Haiti funding levels represent estimated amounts for one month of FY 2010 resources expended on the cholera response. The funding is based on an estimate of the program spending rate and percentage of resources expended on the cholera response.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for cholera efforts in Haiti can be found at www.interaction.org. Information on organizations responding to the humanitarian situation in Haiti may be available at www.reliefweb.int.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID: www.usaid.gov – Keyword: Donations
 - The Center for International Disaster Information: www.cidi.org or (703) 276-1914
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int

USAID/OFDA bulletins appear on the USAID web site at http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/